



JPW

Patent
Attorney Docket No: GRNO-05U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
Gilbert Gorr)
Application Number: 10/566,496) Examiner: Nancy Vogel
Filed: January 31, 2006) Group Art Unit: 1636
For: Utilisation of Constructs Comprising)
Recombination Sequence Motifs for)
Enhancing Gene Expression in Moss)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313

Information Disclosure Statement (IDS)

Sir:

This Information Disclosure Statement (IDS) is filed after the first mailing on the merits and thus the fee prescribed under 37 1.17(p). Provided herewith please find two volumes of references cited on the attached PTO-SB08.

Respectfully submitted,



Raymond Wagenknecht
Reg. No. 50,948

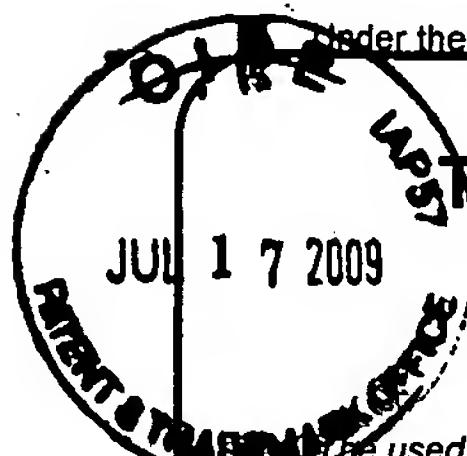
7/12/09
Date

Biotech Beach Law Group, PC
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United States of America
Ph: (619) 238-1179

07/20/2009 MGEBREM1 00000004 10566496

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/566,496
Filing Date	01/31/2006
First Named Inventor	Gilbert Gorr
Art Unit	1636
Examiner Name	Nancy Vogel
Attorney Docket Number	GRNO-05U1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Biotech Beach Law Group PC		
Signature			
Printed name	Raymond Wagenknecht		
Date	7/12/09	Reg. No.	50948

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Raymond Wagenknecht

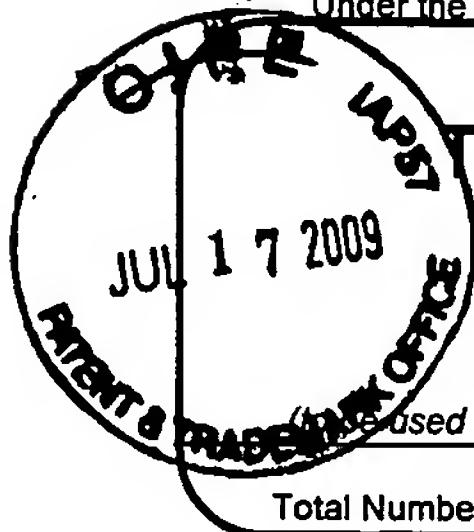
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Signature			
Typed or printed name	Raymond Wagenknecht	Date	7/13/09

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JUL 17 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known

Application Number	10/566,496
Filing Date	01/31/2006
First Named Inventor	Gilbert Gorr
Examiner Name	Nancy Vogel
Art Unit	1636
Attorney Docket No.	GRNO-05U1

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 504352 Deposit Account Name: Biotech Beach Law

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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- Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=			52	26

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			220	110

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 37 CFR 1.17(q) IDS

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 50948	Telephone 619-238-1179
Name (Print/Type)	Raymond Wagenknecht		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
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Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

52

26

Multiple dependent claims

220

110

390

195

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

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Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Fee (\$)Fee Paid (\$)

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- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

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